

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kimberly x.2949

REGISTERED AGENT CHANGE

LAGUNA RIVIERA MASTER ASSOCIATION, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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T. Roberts OCT 23 2008

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Laguna Riviera Master Association, Inc.
2. The principal office address: 4200 West Cypress Street, Suite 444, Tampa, FL 33607
3. The mailing address (if different): 10350 Bren Road West
Minnetonka, MN 55343
4. Date of incorporation/qualification: 1/5/2005 Document number: NO5000000158
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ADVANCED MANAGEMENT OF SOUTHWEST FL, INC.

9031 TOWN CENTER PKWY

BRADENTON FL 34202

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mail box NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

Julie Sanchez, President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Sonya L Cordell
(Signature of Registered Agent)

10/22/08
(Date)

If signing on behalf of an entity:

Sonya L. Cordell
Assistant VP

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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